

- (ii) Treatments;
- (iii) Restorative and rehabilitative services;
- (iv) Activities;
- (v) Social services;
- (vi) Diet;
- (4) Plans for continuing care, as appropriate; and
- (5) Plans for discharge, as appropriate.

(c) Orders and activities must be developed in accordance with physician's instructions.

(d) Orders and activities must be reviewed and revised as appropriate by all personnel involved in the care of an individual.

(e) A physician and other personnel involved in the recipient's case must review each plan of care at least every 60 days.

UTILIZATION REVIEW (UR) PLAN:
GENERAL REQUIREMENT

§ 456.100 Scope.

Sections 456.101 through 456.145 of this subpart prescribe requirements for a written utilization review (UR) plan for each hospital providing Medicaid services. Sections 456.105 and 456.106 prescribe administrative requirements; §§ 456.111 through 456.113 prescribe informational requirements; §§ 456.121 through 456.129 prescribe requirements for admission review; §§ 456.131 through 456.137 prescribe requirements for continued stay review; and §§ 456.141 through 456.145 prescribe requirements for medical care evaluation studies.

§ 456.101 UR plan required for inpatient hospital services.

(a) A State plan must provide that each hospital furnishing inpatient services under the plan has in effect a written UR plan that provides for review of each recipient's need for the services that the hospital furnishes him.

(b) Each written hospital UR plan must meet the requirements under §§ 456.101 through 456.145.

UR PLAN: ADMINISTRATIVE
REQUIREMENTS

§ 456.105 UR committee required.

The UR plan must—

- (a) Provide for a committee to perform UR required under this subpart;

(b) Describe the organization, composition, and functions of this committee; and

(c) Specify the frequency of meetings of the committee.

§ 456.106 Organization and composition of UR committee; disqualification from UR committee membership.

(a) For the purpose of this subpart, "UR committee" includes any group organized under paragraphs (b) and (c) of this section.

(b) The UR committee must be composed of two or more physicians, and assisted by other professional personnel.

(c) The UR committee must be constituted as—

- (1) A committee of the hospital staff;
- (2) A group outside the hospital staff, established by the local medical or osteopathic society and at least some of the hospitals and SNFs in the locality;
- (3) A group capable of performing utilization review, established and organized in a manner approved by the Secretary.

(d) The UR committee may not include any individual who—

- (1) Is directly responsible for the care of the patient whose care is being reviewed; or
- (2) Has a financial interest in any hospital.

UR PLAN: INFORMATIONAL
REQUIREMENTS

§ 456.111 Recipient information required for UR.

The UR plan must provide that each recipient's record includes information needed for the UR committee to perform UR required under this subpart. This information must include, at least, the following:

- (a) Identification of the recipient.
- (b) The name of the recipient's physician.
- (c) Date of admission, and dates of application for and authorization of Medicaid benefits if application is made after admission.
- (d) The plan of care required under § 456.70.
- (e) Initial and subsequent continued stay review dates described under §§ 456.128 and 456.133.